

Submit application to: Laurie Colgan, Director Child Nutrition Programs Vermont Department of Education 120 State Street Montpelier, VT 05620-2501

I. SCHOOL INFORMATION

1. School District/School	Food Authority: (This is the school district that open	erates a school food service program)
2. LEA Number:		<u> </u>
3. School Name:		
4. School Address:		
5. Name of Person to Con	tact About This Application:	
6. Phone:	email:	
7 Fligibility Data: State	Agency will complete this section	
School Enrollment		Month/Year This Data Comes From
	ipate:	
o. Grades that will partie	.pute.	_
9. Is this school a Team I (if you are not sure, you can ch Team Nutrition at http://www.f	Nutrition School? Yes No seck the list at http://teamnutrition.usda.gov/data sins.usda.gov/tn/about.html	<u>base.html</u> You can find more inform
10. Is before school care a	available? Yes No	
11. Is after school care av	ailable? Yes No	

II. PROPOSAL

1)	Describe the school's plan to implement the Fresh Fruit and Vegetable Program. Include where the food will be served, to whom, how often, include operating months, and the days per week. Also indicate if the FFVP will be offered at different times during the day. For example, preschool through grade 4, AM services; grades 5-8 will have the fruits and vegetables in the PM.
2)	How will the school integrate the Fresh Fruit and Vegetable Program with other efforts to promote sound health and nutrition, reduce overweight and obesity, and/or promote physical activity?
3)	Does this school purchase and receive locally grown produce? Yes No If "yes", please describe:
4)	Does the school participate in farm to school activities? Yes No If "yes", please describe

5) Discuss any partnerships your school has or will have to support the program. Examples are: partnerships with cooperative extension services; agreements with local grocers to purchase prepared fruits and vegetables; agreements with local farmers to supply fruits and vegetables; working with the PTA/PTO to assist in implementing the program; working with the Five-A-Day Coordinator for nutrition education materials, parent volunteers, etc.

6) Describe proposed nutrition education activities (one-time event or ongoing activities) that will be used to promote acceptance and the consumption and increase in knowledge of fruits and vegetables. Who will provide the nutrition education and conduct nutrition education activities and/or lessons? What are the anticipated costs or will the activity be donated/in-kind?

IV. STAFFING INFORMATION

Primary Contact Person for Claims. This must be the school food service director.				
Name/Title	E-mail Address	Phone Number		

Project/Site Manager Contact Information. This is the person that will be involved in overseeing the					
preparation and distribution of the fruits and vegetables on a daily basis. This may be the same person as the					
Primary Contact, if so, enter "same" in the Name block below and skip to section V.					
Name/Title	E-mail Address	Phone Number			

V. SIGNATURES (All four are required. If the site manager and the food service director are the same please note that in the space for Site Manager and have the Food Service Manager/Director sign in the Director's spot.)

We have reviewed this application and attest to the information provided. If selected, we agree to implement the program as outlined above and to implement the project in a manner consistent with the policies and procedures established by USDA. Further, we agree to participate in any USDA-sponsored evaluations and to provide the information requested by the specified deadlines. Please provide the contacts shown below or equivalent positions for private schools or residential child care institutions.

Project/Site Manager				
Name (Print)	Signature	Date		
School Principal				
Name (Print)	Signature	Date		
Food Service Director				
Name (Print)	Signature	Date		
District Superintendent				
Name (Print)	Signature	Date		
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Proposed Budget

OPERATING COSTS		
Fruits & Vegetables		
Supplies		
Program Labor		
Total Operating Costs		
ADMINISTRATIVE COSTS		
	TOTAL BUDGET	
Proposed Operating Days per Week:		
Proposed Months of Operation:		

Schools approved to participate in the program will receive between \$50 and \$75 per enrolled student for the FFVP. Each month a claim will need to be submitted to Child Nutrition Programs to receive reimbursement for the program. An SDE 1.1, supporting the information on the claim, will also be required to be submitted by the Business Manager or Fiscal Officer. Allowable costs that may be claimed include the following:

Operating Costs:

- Fruits & Vegetables: Buying fruits, vegetables, low-fat or non-fat dip for vegetables
- Supplies: Buying nonfood items like napkins, paper plates, serving bowls and trays, cleaning supplies, and trash bags
- Program Labor: Salaries and fringe benefits for employees who do such tasks as washing and chopping produce, preparing trays, distributing produce to classrooms, setting up kiosks, restocking vending machines, and cleaning up

Administrative Costs:

Administrative costs are limited to 10% of the total award amount and may include expenses to plan the program, managing the paperwork, obtaining equipment needed and all other aspects of the program that are not related to the preparation and service of the fruits and vegetables. Schools will not receive more than their approved award amount. Administrative costs also include the FFVP share of:

- Purchasing or leasing equipment such as refrigerators, coolers, portable kiosks, carts, and portable food bars
- Salaries and fringe benefits for employees who compile and maintain claims for reimbursement and other financial reports, plan and write menus, order produce, track inventory, and coordinate nutrition promotion activities